

**SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING AND RESEARCH**

**Ministry of Social Justice & Empowerment,  
Department of Empowerment for Persons with Disabilities, Govt. of India  
Olatpur, P.O.- Bairoi, Dist- Cuttack-754010, Odisha**



**APPLICATION FORMAT**

Affix recent  
passport size  
colour  
photograph

1. Name of the post applied for (in Block Letters) :
2. Name of the Applicant (in Block Letters) :
3. Father/Husband's name (in Block Letters) :
4. Date of Birth :
5. Gender (Male/Female) :
6. Nationality :
7. Category (SC/ST/OBC/GEN/PH) :
8. Permanent Address (in Block Letters) :

At-  
P.O. -  
P. S. -  
Dist-  
PIN Code- , State-  
Phone No/Mobile No-

9. Address for Correspondence (in Block Letters) :

At-  
P. O. -  
P.S. -  
Dist. -  
PIN Code- , State-  
Phone No/Mobile No-  
E-Mail Id-

10. Educational/Technical qualification (in chronological order): \*

Exam. Passed	Board/University	Subject taken	Year of passing	Division	% of marks

\*If required additional sheet as per above may be attached.

11. Experience (reverse chronological order): \*

Name & Address of the organization	Designation	Areas of work	Period		Salary drawn (Pay Scale, basic etc.)	Reason for leaving
			From	To		

\*If required additional sheet as per above may be attached.

12. Details of Scientific presentation in National/International Conference/Publications in any index Journal.

13. Any other information.

**Declaration:**

I hereby declare that all statements made in the application are true to the best of my knowledge, belief and based on records.

**Full signature of the applicant**

**Date :**

**Place :**

- No. of enclosures: 1.  
2.  
3.  
4.